



NEBRASKA DEPARTMENT OF ENVIRONMENTAL QUALITY
Air Quality Division

INITIAL NOTIFICATION FORM

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APCO

Applicable Rule: 40 CFR Part 63, Subpart ZZZZ - National Emission Standards for Hazardous Air Pollutants (NESHAP) for Stationary Reciprocating Internal Combustion Engines (RICE) - Promulgated 6/15/04, 1/18/08, & 3/3/10

Company Name Wahoo Power Plant

Facility ID# 43328

Owner/Operator/Title Wahoo Board of Public Works

Mailing Address 605 N. Broadway

City Wahoo

Zip 68066

Plant Address (if different than owner/operator's mailing address):

Street 700 E 7th

City Wahoo

Zip 68066

Plant Phone Number 402-443-4213

Plant Contact/Title Larry Veskrna Plant Supt.

This form must be completed, signed and submitted to the following agencies:

NDEQ Air Quality Division
1200 'N' St. Atrium, Suite 400
Lincoln, NE 68509-8922

and

X Region VII EPA – Air & Waste Management
901 N. 5th Street
Kansas City, KS 66101-2907

If your facility is located in Omaha or Lancaster County, you must submit a notification to the appropriate air pollution control agency in that area and Region VII EPA.

Provide the following information for the applicable stationary engine(s). Add additional tables or rows as needed.

Unit #	Engine Startup Date	Site Rating Brake Horsepower	Displacement (liters/cylinder)	Fuel(s) Combusted	Compression Ignition	Spark Ignition	Emergency	Limited Use
1	1960	2814	10.92	Nat Gas/No.2 Diesel	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> 4-Stroke <input type="checkbox"/> 2-Stroke <input type="checkbox"/> Lean Burn <input type="checkbox"/> Rich Burn	<input type="checkbox"/> YES	<input type="checkbox"/> YES
2	1936	670	6.52	No.2 Diesel	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> 4-Stroke <input type="checkbox"/> 2-Stroke <input type="checkbox"/> Lean Burn <input type="checkbox"/> Rich Burn	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> YES
3	1973	5915	3.65	Nat Gas/No.2 Diesel	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> 4-Stroke <input type="checkbox"/> 2-Stroke <input type="checkbox"/> Lean Burn <input type="checkbox"/> Rich Burn	<input type="checkbox"/> YES	<input type="checkbox"/> YES

Unit #	Engine Startup Date	Site Rating Brake Horsepower	Displacement (liters/cylinder)	Fuel(s) Combusted	Compression Ignition	Spark Ignition	Emergency	Limited Use
4	1947	1508	6.62	Nat Gas/No.2 Diesel	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> 4-Stroke <input type="checkbox"/> 2-Stroke <input type="checkbox"/> Lean Burn <input type="checkbox"/> Rich Burn	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> YES
5	1952	2935	10.92	Nat Gas/No.2 Diesel	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> 4-Stroke <input type="checkbox"/> 2-Stroke <input type="checkbox"/> Lean Burn <input type="checkbox"/> Rich Burn	<input type="checkbox"/> YES	<input type="checkbox"/> YES
6	1969	4690	3.65	Nat Gas/No.2 Diesel	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> 4-Stroke <input type="checkbox"/> 2-Stroke <input type="checkbox"/> Lean Burn <input type="checkbox"/> Rich Burn	<input type="checkbox"/> YES	<input type="checkbox"/> YES

Source Classification - Check the box that applies:

- ☐ Facility is a major source of hazardous air pollutants (HAPs).*
- ☒ Facility is an area source of HAPs.*

**Note: A major source is a facility that has a potential to emit greater than 10 tons per year of any single HAP or 25 tons per year of all HAPs combined. All other sources are area sources. The major/area source determination is based on all HAP emission points inside the facility fence line.*

Is the engine(s) a new/reconstructed emergency or limited use engine and > 500 horsepower located at a major source of HAP ? ☐ Yes ☒ No

If YES, the engine(s) does not have any additional requirements under Subpart ZZZZ, but you must meet the requirements of 40 CFR Part 60 New Source Performance Standards Subpart IIII for Compression Ignition Engines or Subpart JJJJ for Spark Ignition Engines .

Source Type - Check the box that applies:

- ☐ New Source*
- ☒ Existing source*

**Note: To determine if you are a new or existing source, see the attached information following this form.*

Print or type the name and title of the Responsible Official for the facility:

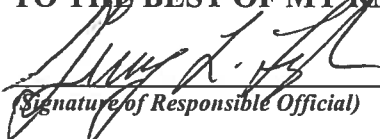
Name: Gerry Tyler

Title: Chairman, Board of Public Works

A Responsible Official can be:

- The president, vice president, secretary, or treasurer of the company that owns the plant;
- An owner of the plant;
- A plant engineer or supervisor of the plant;
- A government official, if the plant is owned by the Federal, State, City, or County government; or
- A ranking military officer, if the plant is located at a military base.

I CERTIFY THAT INFORMATION CONTAINED IN THIS REPORT IS ACCURATE AND TRUE TO THE BEST OF MY KNOWLEDGE.


(Signature of Responsible Official)

11/3/10
(Date)

Initial Notification of Applicability

National Emission Standards for Hazardous Air Pollutants:

Stationary Reciprocating Internal Combustion Engines

40 CFR Part 63 Subpart ZZZZ

REC'D

NOV 26 2010

APCO

☒ Yes, I am subject to 40 CFR Part 63 subpart ZZZZ National Emission Standards for Hazardous Air Pollutants for Stationary Reciprocating Internal Combustion Engines

NAICS code(s): 2211

Compliance Date: ☒ Existing source: May 3, 2013 ☐ New/reconstructed source: upon initial startup

Note: The May 3, 2013 compliance date for existing sources applies to the following engine types:

- Existing non-emergency CI stationary RICE with a site rating of more than 500 brake HP located at a major source of HAP emissions
- Existing stationary CI RICE with a site rating of less than or equal to 500 brake HP located at a major source of HAP emissions
- Existing stationary CI RICE located at an area source of HAP emissions

Company name: Broken Bow Municipal Utilities

Facility name (if different): Broken Bow Power Plant

Facility (physical location) address: 145 South 8th Ave. Broken Bow, NE 68822

My facility is a (please choose one): ☐ Major source ☒ Area source

☐ Synthetic minor

Owner name/title: _____ City Of Broken Bow _____

Owner/company address: _____ P.O. Box 567 Broken Bow, NE 68822 _____

Owner telephone number: _____ (308)872-6884 _____

Owner email address (if available): _____

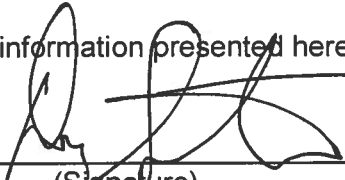
If the Operator information is different from the Owner, please provide the following:

Operator name/title: _____ Larry Miller _____

Operator telephone number: _____ (308)872-5102 _____

Operator email address (if available): _____ bbplant@kdsi.net _____

I hereby certify that the information presented herein is correct to the best of my knowledge.



(Signature)

_____ 11/24/10 _____
(Date)

____ Doug Staab/Electrical Superintendent ____
(Name/title)

(308)____ 872-5102 _____
(Telephone No.)